Illinois Department of

DCFS

Children & Family Services

Bruce Rauner
Governor

George H. Sheldon
Director

Illinois Children and Family Services Advisory Council
Meeting Minutes
June 16, 2016 from 3:30 to 5:00 PM

Committee Members Present- In Person

Tim Egan- Chair	Dr. Bob Bloom
Dr. Robert Foltz	Mary Crane
Anita Weinberg	Billie Larkin
Antwan Turpeau	Dr. Alicen McGowan

Committee Members Present- Via Phone

Jahlisa Glenn	Marge Berglind
Jill Glick – Co-Chair	

DCFS Staff

Kristine Herman	Jody Grutza
Anne Gold	Nora Harms-Pavelski
April Curtis	Theresa Hughes
Jeremy Harvey	

Public

Jennifer Hansen- Phone

Absent

Sen. Mattie Hunter	Judge Patricia Martin
Derek Velazco	Merri Ex- Excused
Maria Pesqueira- Excused	Tyshiana Jackson- Excused
Carlos Rodriguez- Excused	

Welcome an Introduction:

Chair Tim Egan started the meeting at 3:37 P.M., but could not call the meeting to order due to a lack of a Quorum. The Chair will be writing a letter to all members emphasizing the importance of attending meetings in person so that this council can conduct business.

Approval of Minutes from March 17, April 21, and May 19 Meeting

- Minutes were read and reviewed but could not be approved due to a lack of a Quorum. An edit was noted correcting the May 19th minutes to reflect an excused absence, and the correct meeting date.
- The agenda posted for this meeting inaccurately noted that Nora Harms-Pavelski was to provide a report out on Maryville Residential that agenda item was incorrect, the council reviewed a memo from the Department and the articles published in the Sun-Times and Tribune.

I. Discussion Item: UIR/Hotline/SCR

Discussion: **Update by Anne Gold**

Testing of most recent UIR version, though there are some application changes, there is some duplication of effort. The missing youth reporting issue who are only gone for 24hours. Recommending UIR not necessary for missing youth if not gone for over 24 hours

Short: We are adding 2000 Child Welfare Specialist to our input system (by FY 2017) to our Illinois outcomes systems, rather than external solution. The Department is working on ensuring capacity and server capacity. Still some users will be on NOMAD.

Long range plan: develop UIR in SAQWIS system, but that is debated with future investment and launch of SACWIS 2.0, we need to consider how to utilize resources for this project.

The initial user testing went well. More People inputting means that there is less of a time delay.

Nothing to do with anything about our broken reporting system….We have been asking to see data on why we were not reporting, who is reporting, why, what categories, ect. Let me give an example in 2013 a Group home, I cannot remember which one had about 10 youth. It was identified that 40% of the days of care girls were absent from treatment and the department paid, and that 2000 police calls to a group home that were not in the UIR system.

Our legislative mandate requires:
To review the UIR/Hotline process….We want to understand our utilization then (Tribune article) vs. Numbers now. I know that DCFS is doing things, but it isn't what is in this report on technical improvements to the system.

We also want to understand the issues with facilities that we closed because of the Tribune article, and what exactly happened to ensure that our reporting system was improved? What do we know now that we didn't know then….this document today does not allow us to respond to our mandate.

Please provide the council copies of the Corrective actions plans for agencies that were addressed in the Tribune article? What is different today?

Can the current system identify problems? What are the technical, policy, and utilization changes that have happened in the last 18 months since that article? We want to see those written policies, the numbers to demonstrate that it has had an impact, and information on utilization and or underutilization, and the Departments specific responses to those issues.

Want a bigger landscape picture of what is happening. OVERVIEW(NORA HARMS- PAVELSKI)

The second part of our first mandate is to review monitoring process, this UIR improvements does not help us do that either. The Council will need the same type, depth, and diversity of information to understand what policy, technical, behavioral, or other modifications the department has put in place to address the broken monitoring system as well.

If this is where the UIR improvements currently sit, that you all are testing and increasing user capacity, doesn't the mean the Department is still months away from a fixing the reporting issue? What are you doing in the meantime to ensure youth are safe and you know where trouble is?

This council would want this information in a written summary, with bulleting out what were the problems, what were the solutions, and show us the data then versus the data now to back it up the improvements that you have made.

Part of the data needs to be a rich understanding of which agencies are over reporting vs. those who under-reporting. This would require an Agency v. Agency Comparison be provided to this council for review.

Missing youth procedures – Procedures 329. Aren't you concerned that stepping back the reporting of missing youth is a bad thing, don't we want missing youth reported? What specifically about the usage, and utilization of UIR is changing? How is it improving the way that the department can triage situation? This sort of knowing your issues by agency and by topic needs to be a separate report?

Confirm the current process on how a UIR works?
- An agency staff member produces a UIR after an incident
- The UIR is Sent to DCFS for entry into NOMAD (REPORTING BROKEN WHO SENDS, FOR WHAT)
- The system then requires a resolution; which also comes from agency assigned
- The assigned Case worker or supervisor receive a copy of the UIR, as do the GAL and Attorney in some cases (ACCOUNTABILITY BROKEN) (ability to triage issues is broken)
- Once resolution as occurred, the resolution is entered as well into the system

SENT IN ADVANCE of the meeting:

UIR Process improvements policy, utilization, and the physical data to show it.
What steps is the department taking to resolve agency usage, any proof its working?
Provide any any all UIR policy improvements to review.
Produce an agency-to-agency utilization comparative- what was usage when article came out, what is the usage now?
That data broken out by agency – ID WHO OVER USING WHO UNDER USING
That data broken out by type of setting-
That data broken out by type of UIR
Provide a rubric of usage of UIR's. What is the intended usage and why?
Can the system provide a Macro view vs. micro view it should be able to ….look down to specific category UIR's Meds, runaway, (SEARCHABLE)
Provide a blank copy of UIR that is utilized.
Can we get the plan submitted to Judge Alonzo (BH)
Hear from Residential youth feedback system- Chapin hall- want that data included in this review (PROCESS completed APRIL CURTIS TO FORWARD)

NEW SAQWIS system, We have yet to procure new system, but procurement process would include investigation of other states, or build internal.

Decisions:	Point Person(s):
- UIR Process improvements policy, utilization, and the physical data to show it. - What steps is the department taking to resolve agency usage, any proof its working? - Provide any and all UIR policy improvements to review. - Produce an agency-to-agency utilization comparative- what was usage when article came out, what is the usage now? - That data broken out by agency – ID WHO OVER USING WHO UNDER USING - That data broken out by type of setting- - That data broken out by type of UIR - Provide a rubric of usage of UIR's. What is the intended usage and why? - Can the system provide a Macro view vs. micro view it should be able to ….look down to specific category UIR's Meds, runaway, (SEARCHABLE) - Provide a blank copy of UIR that is utilized. - Can we get the plan submitted to Judge Alonzo (BH) - Hear from Residential youth feedback system- Chapin hall- want that data included in this review (PROCESS completed APRIL CURTIS TO FORWARD)	Anne Gold

II. Discussion Item Maryville Follow up

Discussion:

Federally the reduction in utilization of Residential treatment is happening. In Illinois, this is also true. The crux of the issue is, what is the plan for moving youth to appropriate care. How do we identify which youth need residential vs. which youth need foster homes?

What is the number of foster home who can take on high-end youth today? Where and how are these youth's needs met in those homes? What are the are projects moving forward to support this transition? How many youth are projected to be affected by those projects, and when?

How many youth are in all programs that are closing down? Who are these youth who are in facilities closing? It is a great idea that we transition youth to less restrictive placements, but not without the supports that they need. How did the transition out of residential go for the initial group of youth 350 I think it said?

How many youth are medically complex whom are affected by closures, what plan does DCFS have for these youth?

Look at the current youth who are transitioning. Is there any way to understand how providers get to this point of closing? What is the structural Community support capacity today?

Therapeutic foster care not going to serve the total population of residential care. So what is going to happen to these youth as they transition into the community and what steps is the Department taking to strengthen supports?

What are the steps being taken with recruiting to get more qualified foster parents to serve this population, are those foster parents receiving specialized training to manage the variety of needs?

What types of beds available now? What training/ supports do those foster parents have?

If Maryville closes, and Allendale isn't getting youth who is the next "go to" high quality facility?

Immersions site process is a great idea, but it hasn't started.

Family First act, restructures the title IV funds which are more flexible, and is a bigger bucket than IV-B $. But it requires a significant understanding of the clinical needs of youth. There will be rigorous evaluation, and a determination by a judge. This will need to be established. There are a lot of moving parts…

IPS and multi systemic therapy but training is lengthy, and staffing issues complicate this topic.

How many youth do we serve today, with these type of services?

Part of implementation standards are enforceable in 2019. There will be adjustment process to comply with the bill.

Bill HR 2646: helping families in mental health crisis act. Re-work SAMSHA

ADDRESS URGENT ISSUES- THIS IS AN URGENT ISSUE TO BE REVIEWED! ON-GOING,

Decisions:	Point Person(s): Review of statement by group, and discussion.

III. Discussion Item- Changing meeting Schedule/Frequency

Discussion:
On the topic of No Quorum, we need to increase participation, is it the frequency of meetings that represents an issue? Should we move it back to once every two months?

There is a challenge in this group that it does not have to meet the OMA Quorum requirements because our council does not make binding decisions. On the other hand the Attorney generals office has suggested operating in an abundance of caution and observing htat element of the requirements ensure that this council will not come into question. The Council will need to make a decision on where to go.

We need more clarity to make recommendations, we haven't quite received the guidance, we need a narrowed focus to make recommendations on, Liaison challenged the council back that they set their scope, while they have a framework for suggested areas.

Tension between, responsiveness quickly, and the requirements of a quorum can be challenging, can we utilize a RSVP system? What if we only had full Quorum meetings quarterly for Voting, passages ect., but committees who could respond to issues or committee?

Need structure and accountability to move forward!

Chair Tim Egan will be sending a letter to emphasize the importance of in person attendance. The expectation is that you be here in person

JULY 21 meeting essential for Quorum.

Decisions: Council leadership will need to make a decision on how it chooses to observe the OMA requirements for Quorum. Council leadership will need to make a decision on how often it will meet considering the complexity and urgency of issues being discussed.	Point Person(s): Jeremy Harvey

IV.   Discussion Item 1115 Medicaid Waiver

Discussion:	
Decisions: No discussion was had, though council members will review documents and Kristine will be invited back to the next meeting to discuss.	Point Person(s):

V.   Discussion Item Mission, Vision, Values, and Bylaws

Discussion:	
Decisions: Council still needs to approve its mission, vision, values, bylaws, no decision, or discussion was had	Point Person(s):

Meeting Adjourned 5:03 P.M.

Next Meeting: July 21, 2016